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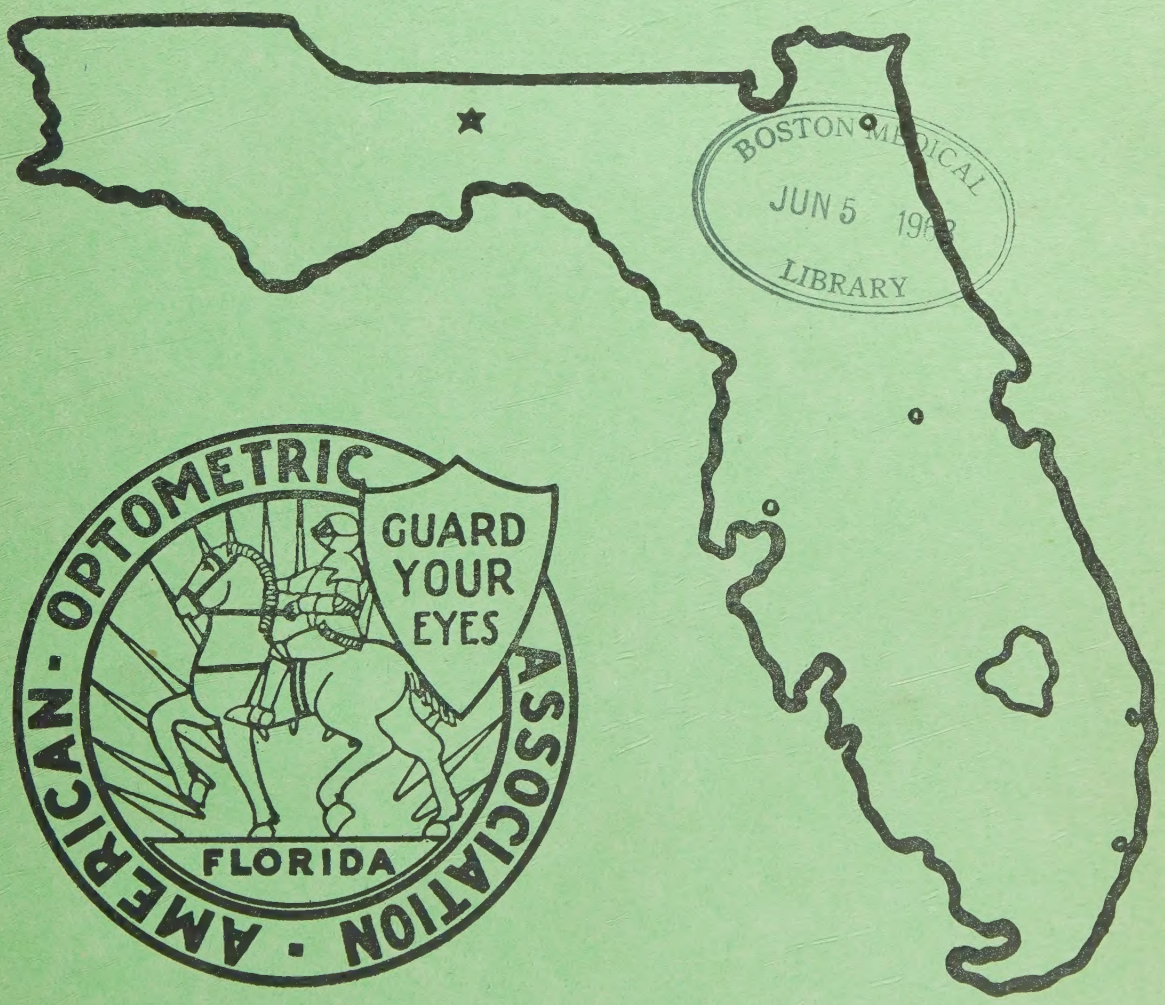
The FLORIDA OPTOMETRIST

VOLUME 3 JULY-AUGUST 1946 NUMBER 10



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The Florida Optometrist

Official publication of the Florida Optometric Association. Published bi-monthly at St. Petersburg, Florida.

VOL. 3 JULY-AUGUST 1946 NO. 10

THE FLORIDA OPTOMETRIST
EDITOR . . . . . DR. R. H. PEMBLE

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The Florida Optometrist is published with the view of advancing the welfare of Optometry in Florida. The editors will appreciate your comment and suggestions. Manuscripts and correspondence should be addressed to the editor, Dr. R. Hilton Pemble, 408 Hall Building, St. Petersburg, Florida.

EDITORIAL

It was said centuries ago by the wise men of the East that "the belly of the fool is filled with stinging gnats from a too open mouth". Therefore, it seems best simply to tell the story of the bee, who like so many of us, was blest with good intentions, but who none the less came to a sorry pass because he was always able to find a reason why it would be well to wait a bit before tackling the task at hand.

This bee, you may be sure, meant well. It was just that on this sunny summer's morning, when he went forth to gather the day's honey, there were so many things that beckoned his attention.

The flowers were in fragrant bloom, auguring a most profitable venture among them. But many of the other insects appeared to be merely sporting about in the golden air. As a backdrop for their antics, the sky was a lovely blue most pleasant to contemplate. The slender grasses rocked lazily back and forth in the breeze, and in the same field, the sleek brindle cow seemed in no haste whatever as the tenderest and greenest morsels were munched.

But for the bee, there was that matter of gathering the day's supply of honey. On the other hand, it suddenly seemed a bit unfair to be expected to plunge immediately into the labors at hand. Why would it not be best

(Continued on Page 11)

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Better Light, Better Sight

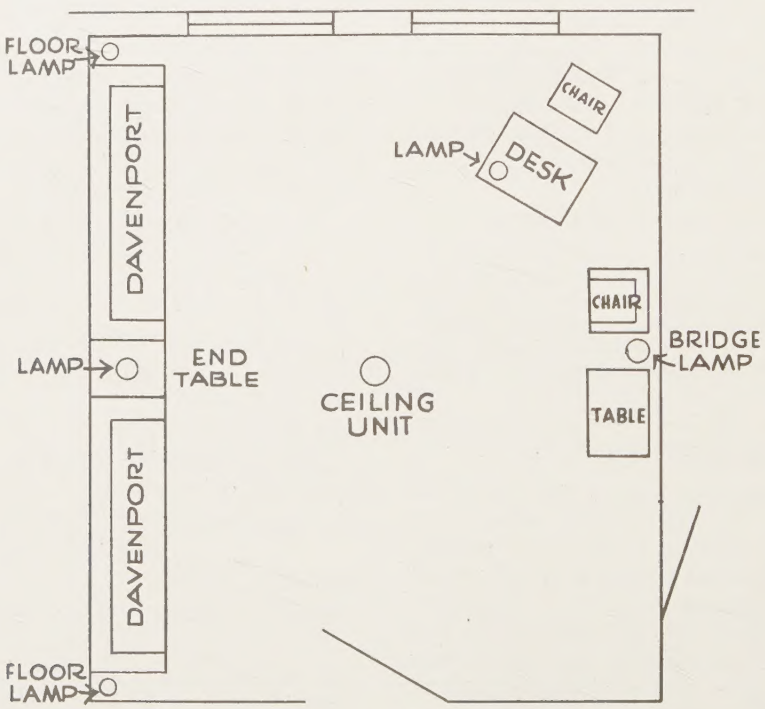
RALPH E. JONES, A. I. E. S.
ELECTRICAL DESIGNER
409 Hall Building
St. Petersburg, Fla.

Many optometrists are already light conscious. This is true, but it is also true that there are some of this profession who are not. These are neglecting an important tool which would assist them in serving the public and of living up to three of their Code of Ethics.

The indisputable self-evident truth that without light no one would be able to see can not be denied. Therefore it is likewise true that by the aid of correct light one will see more easily for any visual task.

Humans were given eyes for out of door seeing and for long and distant vision, but in our modern ways of life the eyes are compelled to do their tasks by either a small number of foot candles emanating thru windows in the daytime or by artificial illumination and for close work. This latter requirements is the subject that the optometrist should become familiar with for artificial light can be controlled and be made proper for any visual task.

Out of door illumination has always from five hundred to several thousand foot candles of light, while in doors we try to do a seeing job by artificial illumination of two to five foot candles. It is not yet possible to produce the foot candles as we have out of doors, due to glare and heat, but we can have as high as 50 ft. candles for reading and even up to 200 where fine accurate tasks have to be done.



LAYOUT FOR RECEPTION ROOM

It should be the duty of an optometrist to keep the visual welfare of the patient up-

permost at all times and to promote better care of the visual needs of mankind. This does not necessary mean merely the testing, prescribing and fitting of glasses to a patient but of also advising him the proper illumination he should have for his visual needs.

One very simple and efficient way of doing this is by having the reception room correctly lighted. A good suggestion is to arrange the reception room to represent a modern living room with the correct lighting units placed in their proper location for seeing and reading in comfort. The optometrist will not only be giving a good example of lighting the patient's home, but it will aid the patient to be at ease and not feel that he is in a commercial establishment.

How may I obtain the information for the correct lighting? you will ask. Any illuminating engineer and great many utilities will furnish this information. Also the table below will give you some general data. It may be a fine idea to have this data handy so you may advise your patient on the required number of foot candles and the type of lighting unit he needs for certain visual tasks.

Levels of Illumination for Good Lighting in the Home

General Illumination for all rooms except Kitchen and Laundry	5 Footcandles
Kitchen and Laundry	20 Footcandles
Auxiliary Lighting	
Casual Reading and Sewing	20 Footcandles
Reading Long time, Bath Room Light on Mirror, Range and close work in Kitchen, Children Study Table, Ironer and Ironing Table	50 Footcandles

Types of Lighting Units for Reception Room

Lamp	Height	Shade	Inner Diameter Bowl	Wattage
Flat-top				
Desk	24″	15″	8″	100 Watts
End Table	20″	15″	6″	100 Watts
Bridge Lamp	54″	14″	8″	100 Watts
Floor Lamp	54″	16″	9″	150-300 Watts
General Ill. Ceiling type Semi Indirect, Center of room				150 Watts

All Lamps to be Semi Indirect with diffusing bowl type I-E-S.

Miami Convention

The following is a list of those present at the Miami Convention of the Florida Optometric Association, June 30-July 2, President Madison Hotel in order of registration:

Dr. Tom Moore
Dr. A. C. Haughton
Dr. Marshall Wright
Dr. S. G. Schneider
Dr. J. C. DuBose
Dr. E. Benjamin
Dr. C. Meyer
Dr. A. H. Holloway
Dr. S. A. Gardner
Dr. W. Reichelderfer
Dr. J. M. Morqus
Dr. H. C. Bumpous
Dr. E. S. Barrack
Dr. J. H. Keene
Dr. M. W. Pace
Dr. W. C. Kennedy
Dr. G. J. Gerson
Mr. R. J. Macauley, Jr.
Mr. Frank Evans
Dr. Al. Hirsch
Mr. J. B. Fellman
Dr. E. T. Beatty
Dr. E. T. Pushkin
Dr. R. Tanner
Mr. A. J. Ingram
Dr. C. P. Ezell
Dr. I. G. Atkinson
Dr. W. C. Atkinson
Dr. W. D. Newberry
Dr. George Copeland
Dr. L. Glickstein
Dr. and Mrs. J. V. Giddens
Dr. A. Hirsch
Dr. James Palmer
Dr. W. J. Heather
Dr. E. E. Schon
Mr. Frank Haney
Mr. Robert Boyd
Dr. J. W. Sheridan
Dr. and Mrs. S. B. Schumaker
Dr. H. Heiden
Dr. R. C. Garvin
Dr. L. H. Keene
Dr. G. W. Keene
Dr. S. Polak
Dr. J. Arias
Dr. S. L. Norman
Dr. Charles Beckwitt
Dr. B. Gonzalez
Dr. Clarence Edeward
Mr. Al Klein

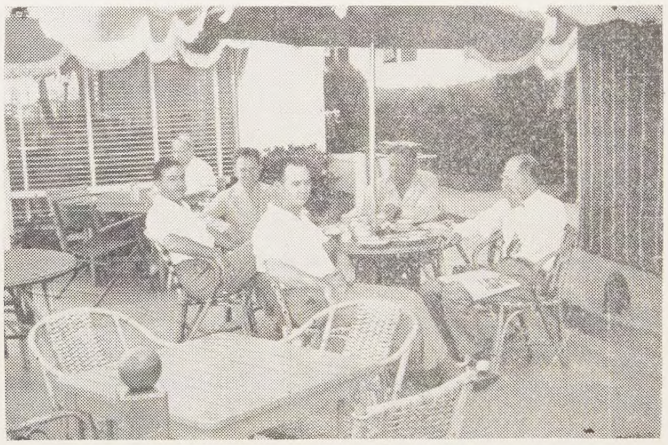
(Continued on Page 10)

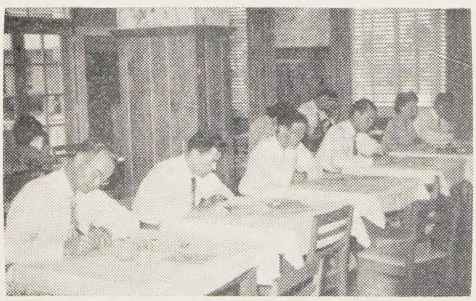
Florida State Board of Optometry

Report By Dr. H. C. Bumpous

The annual meeting of the Florida State Board of Optometry was held at the President Madison Hotel in Miami Beach, June Twenty-Seventh to Thirtieth at which time examinations were held with a total of twenty four candidates participating. Of these the following successfully passed the examinations.

Doctors: Sarah Atchley, W. C. Atkinson, Karl E. Brown, Frank S. Finger, Leonard Glickstein, R. E. Lyons, Frank Marshall, P. J. Marshall, J. E. McKibben, Emanuel Pushkin, J. Kelley Robinson, John W. Sheridan, Robert I. Tanner and Bradley Waldron.





The annual election of officers for the ensuing year was also held at this meeting and those elected to serve for the coming year were Dr. G. T. Newberry, Panama City, President, Dr. W. F. Humphries, Tampa, vice-president; and Dr. H. C. Bumpous, St. Petersburg, secretary-Treasurer. Other members of the board are Dr. Tom Moore, Tallahassee and Dr. J. M. Morqus, Arcadia. Dr. Morqus was appointed by Governor Caldwell and succeeds Dr. A. C. Haughton of West Palm Beach. Morqus is a former president of the Board.

Hon. William C. Pierce of Tampa was again appointed attorney for the board.

The Miami Beach meeting was one of the best ever held by the board and a great deal was accomplished.

Through the kindness and cooperation of Dr. A. C. Haughton we are able to present with this article not only a picture of the board but also pictures of a portion of the class taking their examinations as well as a picture of the candidates who were successful in passing. Thanks is due the President Madison hotel for their splendid cooperation in providing facilities for the meeting and the examinations.

Peculiarities of a Myope

DR. KENNETH W. STEWARD
Ferndale, Michigan

It has been said that a myope is unique in his seeing, in himself. If one were to conduct a few experiments and ask questions of their myopic patients, they would find some very interesting things about how he sees. It has been found that a myope does three main things with his seeing when he makes himself myopic. One, pulls figure from ground; two, projects to a point closer toward himself and third, substitutes size for distance. In this substituting he will see in miniature as a flat surface.

In the study of these three things it was necessary for us to gain information from several patients in our training room. Some of the experiments were handled in our training room on our training patients while some of them can be and are best done in the Refracting room.

The first thing, after studying Drs. Renshaw's and Nichol's work, was to see if we could prove to ourselves that a myope pulled figure from ground, and, of course, we had to understand what figure is and what ground is. I would interpret that figures is what we are looking at which is in central vision and ground is what so many of us have called background. It is seen by peripheral vision.

If we have a myope in our refracting room, we ask him to read the very smallest row of letters on the chart if he can. Then if we ask him to see if he can focus it sharper so that he can see another row or two, watching him all the time as to expression of face and body, we will find that he is very tense. Now step in front of him so that he can no longer see the chart or the wall. Ask him questions as to what he saw besides the letters that he was reading. It is very important to caution him that you want to know what he saw when reading the chart, not when he was looking about the room. In all cases, except the low myopes, they cannot report anything being seen beyond the border of screen and in the higher myopes not beyond the lighted area. At this point let the patient again look at the chart with central vision and be aware of everything in the field of vision or periphery. It will be noted here that there is a loss of vision of all the low myopes, but a different attitude by the patient. He will no longer be tense but relaxed. We have quizzed several as to whether they knew that they were pulling figure from ground and most of them did.

When we take a patient from the training room and ask him to look at a distance chart, without firmly fixing in his mind to keep figure with ground, and ask him to read the very best he can, we are teaching him to pull figure from ground, and undoing a great deal that has been done for him in the training room. This is likewise true when we send him home after a training session asking him to see how far away he can see with no regard for ground.

We have established the fact that a myope does not keep figure with ground. Now let us see why he does this. We are all agreed that the myope is made by maintained concentration within a restricted area, which is usually some form of close work. The myope will maintain projection at near for long periods at a time. Then when he looks at far, he cannot quite change projection all the way out in space, and because he must see clearly, he must pull figure from ground toward the point of projection. When doing this he must alter size, make the image smaller, in order to simulate distance for himself.

It has been found that if Tachistoscopic training is given to a myope there is a lessening of minus correction needed to give 20/20 vision. It has also been found that the angle of sharp vision for the untrained person is from 6 to 8 degrees on either side of the fovea, but as soon as he is trained, the angle increased to 60 to 70 degrees. Dr. Renshaw tells us that tachistoscopic training structures figure and ground. Now we can see why. With central figure covering only 6 to 8 degrees of a sharp field of 60 to 70 degrees, ground must take up the remaining area of clear vision so the patient can no longer pull figure from ground as he did. If a reduced minus correction is now worn by the patient, the only way that he can see clearly is to change his projection farther away from himself. This will result in less minus lens power found with retinoscope and in his subjective findings.

When we place a myope in front of a three

(Continued on Page 8)

Professional Services

By Dr. R. D. Hensley, O. D.

The optometrist is the consumer of ophthalmic materials in the consummation of his professional duties and as a consumer he utilizes their full value. A commodity has a merchandise value, as such, and as it does not demand the professional services incident to the patient's prescription it should carry the usual commodity margin.

We are coming to a more highly competitive era than we have known during the war years. The bright light is on professional service.

Professional service is the art of persuasion. It means that two persons are engaged in an enterprise that holds the promise of a mutual profit or benefit. Everyone who works is engaged in the art of persuasion in one form or another. The clergyman tries to mold the thinking of his congregation. The lawyer attempts to persuade twelve men in a jury box to arrive at a decision favorable to his interests. Professional men in health work try to convince patients that they should employ a plan for a longer and happier life. In all cases logic, reasoning and persuasive forces are used.

Examining, refracting and prescribing constitute a series of professional acts that may be grouped for the purpose of this consideration. These three services establish a value from which must be realized a distinct reward. The amount of the fee is definitely the decision of the individual practitioner and may vary according to the character of the practitioner and his professional service.

It has always been true that: "A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration."

The professional optometrist does exactly what the above, borrowed from medicine, states. He gives first consideration to the welfare of his patient. But this does not imply that he should not receive proper reward for his services.

The art of persuasion has taken us far beyond the entertainment bar, trick approaches, trade piracy and unattractive language. It has entered the scientific class and bears the dignity of a profession.

—Reprinted From The Kansas Optometrist

THE KEENES ENTERTAIN

Dr. and Mrs. John R. Keene entertained at their home in Orlando recently. Among the host of friends enjoying the affair were optometrist who have recently been discharged from the armed services and other young men who will enter optometric colleges this summer.

They included Edward Johnson who will enter Southern College of Optometry at Memphis, Tenn. and Mrs. Johnson; Frank Cribb, who recently returned from the Pacific theatre and will enter Stetson University, and Mrs. Cribb; Dewey O. Greene, who will study to be a laboratory technician at Shuron Optometric College in New York, having recently returned from overseas, Dr. Paul Kessler, who was recently discharged from service, and Mrs. Kessler, Dr. and Mrs. Ted Basehoar and son Donald, Mr. and Mrs. Russell Hennis, Mrs. Leonard Barker; Dr. Charles Persons, another returnee from the armed services.

NEW LENS BY UNIVIS

A news item — Uivis Green — is announced by the Univis Lens company. The lens is being produced in the standard Univis "D" style with the absolutely straight-top segment and the blanks are 60 mm in diameter to accommodate large spot sizes.

The color is slightly darker than standard No. 2 ophthalmic green.

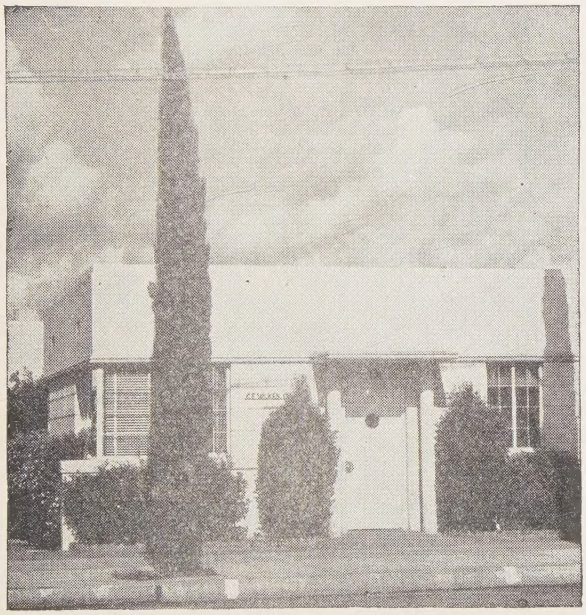
Due to the tremendous demand Univis Green will be limited for a period. It is hoped to overcome the shortages by greatly increased production. Complete details may be obtained from Univis supply laboratories.

Cerium oxide, made by treating hydroxide with nitric acid, trisodium phosphate and oxalic acid, and igniting, is a fine abrasive for polishing optical glass and metals. It is a German process disclosed by the war.

AMERICAN OPTOMETRIC ASSOCIATION

PROFESSIONAL ADVANCEMENT PROGRAM

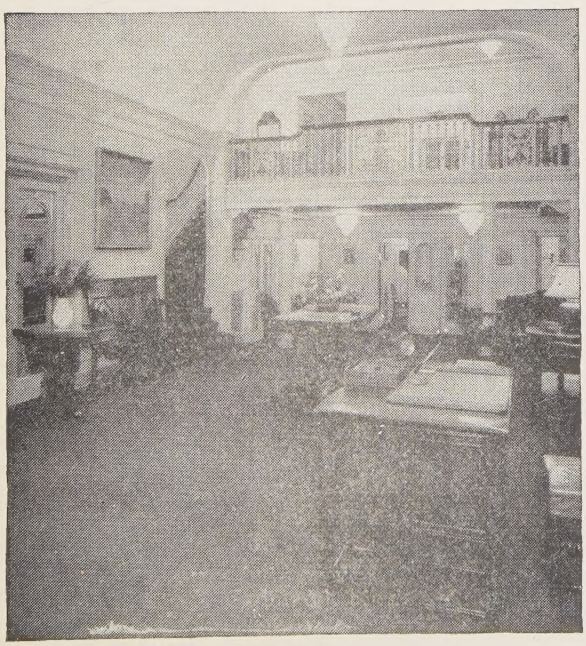
Department of Ethics and Economics . . . . . Division Professional Standards



GROUND FLOOR PROFESSIONAL OFFICE . . . The appearance of this attractive ground floor office is dignified and unmistakably professional; its setting is charming. By creating a favorable impression of services offered, rather than commercialism, it contributes to the advancement of the professions in the opinion of the casual passer-by, as well as the doctor's own patients.

"Patients coming to my office indicate they seek and appreciate professional environment and care."

C. F. Wilken, O.D.
Escordido, Calif.

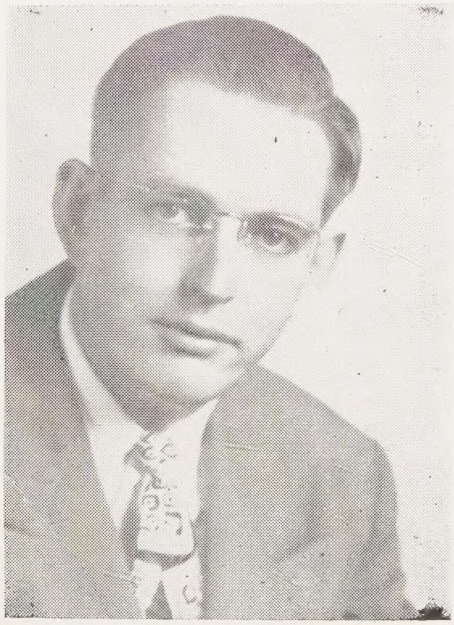


MODERN PROFESSIONAL RECEPTION ROOM . . . This beautiful reception room exemplifies the highly successful optometric practice, adequately presented to the public. It has every facility for providing the patient with space, comfort, and dignified assurance of competence and professional services.

"The reception room is vital and important. It may exert a profound influence on the patient."

Ewing Adams, O.D., D.O. Sc.
Detroit, Mich.

Dr. C. J. Knerr Joins Bumpous in St. Pete



DR. C. JAMES KNERR

After serving as optometrist in the eye clinic of the 298th General hospital unit in the European theater, Dr. C. James Knerr has returned to St. Petersburg and is now associated with Dr. H. C. Bumpous, St. Petersburg.

Dr. Knerr was graduated from the Pennsylvania State College of Optometry in Philadelphia in 1942, and passed the Florida optometry examinations in July of that year. He entered the army in August, 1942, and was attached to the 298th General Hospital, serving as optometrist in the eye clinic of that unit for nineteen months at Frenchay Park, Bristol, England, four months at the naval hospital at Cherbourg, France, and eleven months at Liege, Belgium. Of the six general hospitals located in the 818th Hospital Center at Liege, Belgium, the 298th was the only hospital not receiving a direct hit by the German V-flying bomb.

After returning to the United States last fall, Dr. Knerr took a refresher course at Penn State College of Optometry. He is a graduate of St. Petersburg High School and attended Junior college here before entering Optometry college.

He is a member of the American Optometric association, the Florida Optometry association and the Omega Delta, national optometric fraternity. He plans to make St. Petersburg his permanent home.

Peculiarities of a Myope

(Continued from Page 5)

way mirror with a figure in front of it and if figure is of correct size, we will find that the myope will project the image in the mirror smaller than the object. He is placed in the stereoscope with size constancy cards with matching fields beside him, he will always pick a matching field smaller than the correct one. These two are proof he is substituting size for distance.

In conclusion if we are training a patient for myopia, one can readily see, unless the patient is made conscious of figure and ground, his substituting size for distance and not only using them in the training room but with all seeing, we cannot expect to reduce his minus correction very fast.

—Republished from the Michigan Optometrist

The Doctor's Creed

The following creed, well-known to men of the medical profession, can brighten the daily life of anyone who will apply it to his life and his job.

"To respect my country, my profession and myself. To base my expectations of reward on a solid foundation of service rendered. To be willing to pay the price of success in honest effort. To remember that success lies within myself . . . my own brains, my own ambition, my own courage and determination. To expect difficulties and to force my way through them.

"To study my business. To know my profession in every detail. To mix brains with effort and use system and method in my work. To find time to do every needful thing by never letting time find me doing nothing. Finally to take a good grip on the joys of life. To play the game like a man and to fight against nothing so hard as my own weaknesses. So may I be courteous to man faithful to friends, true to God, a fragrance in the path I tread."

Dr. Donald C. Babcock Practicing in St. Pete

Doctor Babcock of St. Petersburg, Florida is one of the new-comers to the State, arriving here last April.

Doctor Babcock was born in Buffalo, New York, is 30 years of age and married. He attended the public schools at Buffalo, New York, graduated from Northern Illinois College of Optometry in 1937 and recently completed a course in Contact Lenses at Atlanta, Georgia. He passed the Florida State Board in July, 1945.

He practiced in Canton, Illinois until January 1943 when he enlisted in the Army Air Forces, training as a Pilot and Navigator, and was later transferred to the Medical Corps, performing the duties of an Optometrist at Drew Field, Florida. He was honorably discharged from service on February 8, 1946.

Dr. Babcock was recently appointed as a Member of the Staff at Bay Pines Veterans Hospital as a Refractionist in the Eye Clinic. He maintains his local office in conjunction with Dr. Wayne Reichelderfer in the Hall Building.

For recreation, Doctor Babcock plays golf, swims and bowls.

DR. DONALD C. BABCOCK

YOU WANT
Quality Service!
When you place the finished eyewear before your patient's eyes, you must have complete confidence in the quality of its workmanship and materials. Here we give you just that kind of service. No detail is too small to be worthy of our closest attention. Only our best is good enough for you and your patients.
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BAUSCH & LOMB PRODUCTS

SPECIAL GOGGLES FOR MEMBERS OF ATOMIC TESTS STAFF

Crewmen on all ships at the Bikini atomic bomb test were given a chance to "see" the unearthly flash of the atomic airburst—but they were ordered not to look at it.

Experts at a general session of the task force staff for the Bikini experiment emphasized the danger to the eyes from the brilliance of the display. Navy Capt. W. E. Walsh, the force's medical officer, said the naked eye would be endangered up to 20 miles from the explosion and that special goggles would be supplied all staff observers.

Crewmen were brought on deck to see the spectacle but were ordered to turn their heads and shield their eyes with their arms at the instant of the burst.

Dr. Carroll P. Ezell, of Jacksonville, recently released from the Armed services has returned to Jacksonville where he is associated with Dr. George Copeland in the practice of Optometry. Mr. Ezell was elected secretary and treasurer of the Florida Optometric Association at the annual meeting in Miami Beach last month.

Miami Convention

(Continued From Page Three)

Dr. J. M. Widdersheim
Dr. John Keene
Dr. Leonard W. Haskins
Dr. R. R. Bradford
Mr. and Mrs. M. H. Weaver
Mr. and Mrs. Robert Smith
Dr. R. K. McEwen
Dr. Karl Eychaner
Dr. M. J. Safra
Dr. B. Forrest
Dr. Carl Slade

Dr. John C. Williams, officially took over the reins of the Ocala Junior Chamber of Commerce last month, when he was formally installed as president of the organization.

Dr. Bertram J. Thorpe of Miami Beach has been discharged from the Army and has resumed practice in Miami Beach where he is associated with Dr. E. A. Fisher at 441 Washington Ave. Dr. Thorpe, who was in the service three years, served at Billings General Hospital, Indiana and at Ft. Belvoir, Va.

Adaptability . . .

Shurset by Shuron has the versatility to accommodate the heaviest minus or plus lens. It is readily adaptable to all lens shapes without distortion or loss of D. B. L.

That is one of the prime reasons for the ever increasing popularity of SHURSET Ful-Vue mountings.

Central Optical Company

S. W. CORNER ST. EMANUEL & CONTI STREETS — MOBILE, ALA.

EDITORIAL

(Continued from Page 1)

to rest a moment or two and gather one's strength? After all, a hive wasn't filled in a day, and there would be many other such days the whole summer long.

So the bee perched on a swaying petal and contemplated the world about him. Listening to the gossip of other insects made him drowsy. There was the thought—why not nap a bit? Surely it could do no harm. It could very well be a good thing, indeed. In fact, it might so rejuvenate him that he'd end the day with a record harvest.

He dozed—and too late, he sought to avoid the gaping jaws of the brindle cow as they closed over the delicate petal, the leafy stem, and the bee.

Down there in the dark interior of the cow, the bee became angry. To begin with, the cow had no right to take the flower containing the bee's honey. And even if it had wanted the flower, it had no right to swallow a bee. That the bee had been taking a nap, made no difference. The cow had a piratical, scoundrelly soul, and deserved to be punished.

At length achieving a fine fury, the bee determined to sting the cow with a will — throughout the length and breadth of its dark and cavernous interior. Here was a cow who would learn that a bee's rights in the field were not to be tampered with; that bees were not to be gobbled up like so much common fodder.

But as the bee fumbled around in the dark seeking a tender point of attack, it occurred to him that it might be best first to study the matter methodically. No use to rush in and blunder about, wasting energy that could be put to better purpose.

The bee sat down, and feeling warm, and even a trifle stuffy, was reminded again of a pleasant nap that had been rudely interrupted. It would be adding insult to injury to permit the cow to claim that indignity also. Furthermore, thought the bee, a little nap now—even the tiniest doze—would provide added strngth and zest. Awakening, refreshed and invigorated, he would be able to sting that cow with a wallop that would stagger him for weeks.

To be sure! That was the thing to do—wait a bit, mull things over, take a bit of a nap and—

When the bee awakened, the cow was gone!

Some folks are born with black eyes others have to fight for them.

Florida Optometric Fund Report

By Karl K. Eychaner

STATEMENT
June 30, 1946

Balance on Hand July 15, 1945:		$4053.26
Collected on 1944-45 Pledges after 7/15/45:		62.00
Collected on 1945-46 Pledges:		2541.00
Interest on Savings Account 1945-46		20.69
		$6676.95
Expenditures for 1945-46:		
State Registration Fees:	$ 850.00	
Association Dues:	576.00	
Insurance Premiums:	178.12	
Administrative Expenses:	33.33	
Public Information (Visual Digest, Monograph)	226.12	
Lgislation:	1000.00	
	$2863.57	
BALANCE:		$3813.38
Exchange National Bank Savings	$1048.48	
Exchange National Bank Checking	2761.14	
Petty Cash	3.76	
	$3813.38	
DISTRIBUTION		
Public Information:		$1312.13
Legislation:		620.47
National Calls:		474.50
General Fund:		1406.28
		$3813.38

This financial report of the Florida Optometric Fund was given at the Convention in Miami Beach on July 1st. It is printed here for the benefit of members who could not be at the Convention.

There were some optometrists who did not know just how the Fund operated. Dr. R. K. McEwen, of West Palm Beach, offered to explain his understanding of the Fund and how it relieved him of the worries and anxieties of taking care of optometric obligations during the year. He was asked to put this in writing for publication in the Florida Optometrist, so here is what he has written.

KNIGHT-WADDELL WED AT BELLE GLADE

Miss Mary Cathryne Knight, daughter of Mr. and Mrs. W. F. Knight and R. Q. Waddell, Jr. son of Mr. and Mrs. R. Q. Waddell were married in Belle Glade recently. The couple are remaining in Belle Glade for the summer and will go to Memphis, Tenn. in the fall where Mr. Waddell will enter his second year at the Southern College of Optometry.

NATIONAL CONVENTION

Among Floridians attending the National American Optometric Association convention in Pittsburg last month were Dr. W. E. Moore, of West Palm Beach, Dr. J. F. Brawley of Pine Castle, Dr. and Mrs. C. L. Manderville of Ft. Pierce and W. L. Lynn, president of the Florida Optical Supply Company of Tampa.

Mr. Lynn reports that the meeting was one of the best attended and most constructive ever held.

C. O. COZZENS ELECTED PRESIDENT OF AMERICAN OPTICAL COMPANY

The following officers were elected at the 34th annual meeting of the stockholders of the American Optical Company, Albert B. Wells, chairman of the board of trustees, Charles O. Cozzens, president, and Edward E. Williams, vice-president and treasurer.

Charles O. Cozzens, like his predecessors, is a Southbridge man and has been with the American Optical Company for 35 years. As a high school lad he spent his summers getting his first experience in the optical manufacturing business by working in A-O's manufacturing departments. His ability and tireless energy soon advanced him to office work after he had completed his schooling and joined A-O.

Price rises in the Optical industry are not expected to be out of line with those of other industries, such as jewelry, watches, scientific instruments, etc. but they are bound to rise.

How A-O *Tillyer Ful-Vue Bifocals*

ELIMINATE "JUMP"

Image "jump" depends upon the distance of the optical center of the segment from its top. This is because bifocal segment optical centers are always bases of prisms, and light rays always bend toward prism bases.

Theoretically, to eliminate "jump" the optical center of the segment should be exactly at the top edge. But this is impractical because if the eye looked through the top line, there would be confusion created by vision half through the distance area and half through the near-vision area. Therefore, the ideal position for the optical center of the segment is at least half the diameter of the pupil below the segment's top line.

For this reason, the optical centers of AO Tillyer Bifocals are 4 mm. below the top; thus, the Tillyer Ful-Vue Bifocal design reduces "jump" to a negligible degree.

PRESCRIBE AO TILLYER FUL-VUE BIFOCALS.

American Optical COMPANY

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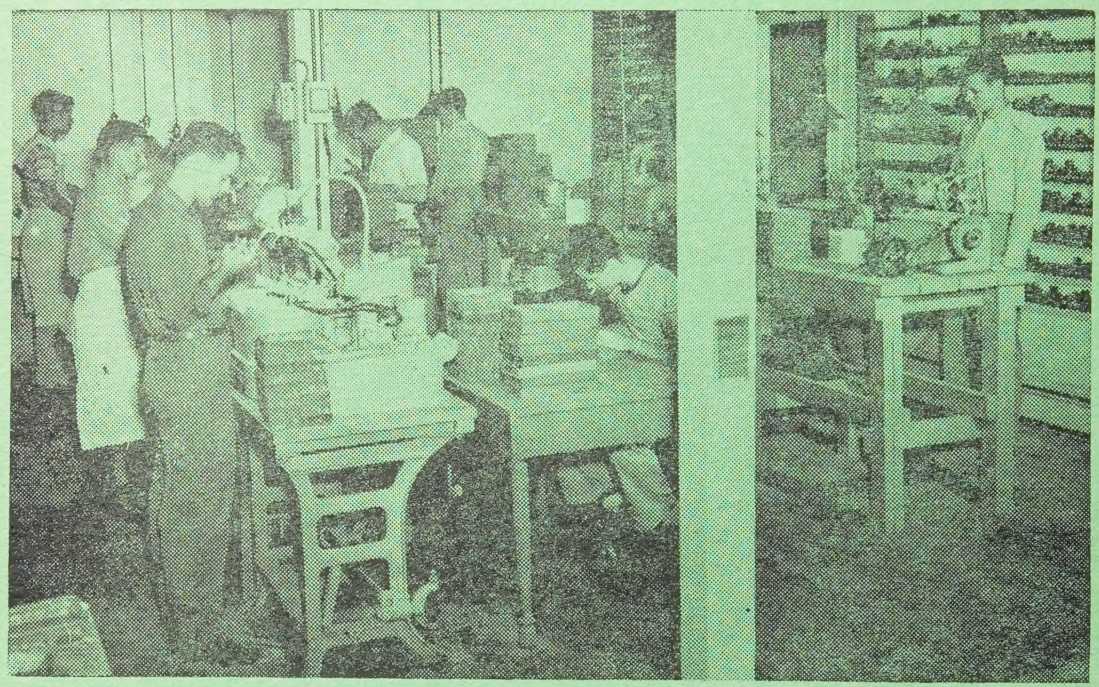
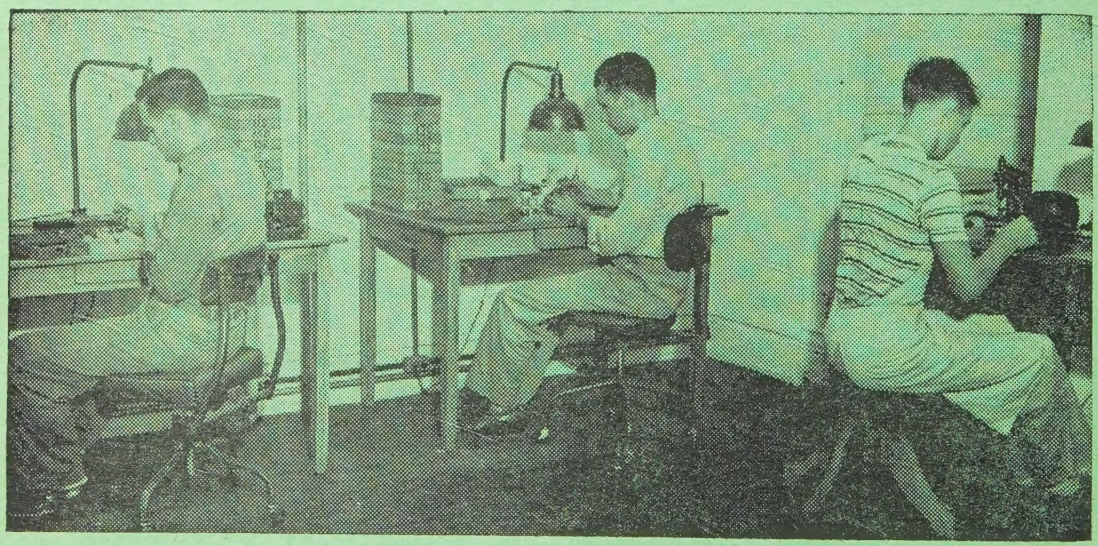


Grinding Laboratory



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